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FRR

Statement in opposition to

House Bill 6306 – An Act Concerning the listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Provider Designations

Insurance and Real Estate Committee

February 22, 2011

This statement is being submitted on behalf of the 700 physician members of the Connecticut Academy of Family Physicians in strong opposition to **House Bill 6306 – An Act Concerning the listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Provider Designations.**

The bill before you would allow an insured or certificate holder to designate a participating, in-network physician or advanced practice registered nurse as such insured's or certificate holder's primary care provider and is a back door way to dramatically expand the scope of practice of APRNs in our state, by allowing them to be designated as primary care providers through insurance plans. It is also misleading to the general public.

Primary care is the most comprehensive specialty that exists. As Family Physicians, we care for patients from birth to death. It is not a simple profession, nor is it for practitioners who do not have a medical school education or training. If the training for other practitioners were comparable, we would not have a problem with the bill before you. Designation as a primary care provider is a privilege that we take very seriously and a privilege that we have earned through substantial education and training.

It is ironic that as medicine becomes more and more complex, those with lesser training seem to want to become central in the decision making process. Over the years, medicine has increasingly moved to the "medical home" model. Under this model, each person has a personal physician who was trained to be the first contact and to provide complete medical care. It is the physician, who specially trained, is responsible for coordinating medical care among specialists and other providers. One of the most difficult things in medicine is seeing the undifferentiated patient. The second is the critical aspect of coordination of care with other specialists and the ability to prioritize given the multiple problems the patient may be experiencing combined with

the patient's wishes. APRNs fit well within this medical home model and we are natural allies in the effort to provide quality health care to all the citizens of our state. Nevertheless, the academic and clinical training of APRN programs is not remotely comparable to the medical school and residency training of a family physician or other primary care specialist, and does not prepare them for the responsibility of a primary care provider. It is in the interests of patient safety that we must point this out.

Many of us know individual APRN's whose skills and experience we highly value, but in passing legislation, one is setting a minimum standard. Curriculums and the experience required for graduation from US medical schools and for later board certification are tightly regulated and have national standards; those for physician extenders are not. Physicians complete on average 3200 hours of clinical training in medical school and another 9000 hours during residency; the requirement to take boards as an APRN are 500 hours of supervised clinical work. With all due respect to our APRN colleagues, we do not see their training as adequate to independently treat patients, and must urge you strongly to reject this bill.

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